

**County of San Diego Incentive Retirement Deferred Compensation Plan  
Former Employer Plan Sponsor Rollover Statement**

**Section I to be completed by plan participant/former employee. Sections II and III to be completed by former employer plan sponsor.**

PLEASE PRINT ALL INFORMATION:

**Section I**

(To be completed by  
plan participant)

Name of Former Employee: \_\_\_\_\_

Former Employee's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

**Section II**

1. Please provide the following information concerning the plan from which the distribution was made.

Plan Name: \_\_\_\_\_

Plan Type (e.g., profit sharing, thrift/savings, pension): \_\_\_\_\_

2. Date Distribution Issued: \_\_\_\_\_

Total Amount of Distribution: \$\_\_\_\_\_, of which \$\_\_\_\_\_ was taxable and  
\$\_\_\_\_\_ was nontaxable attributable to employee after-tax contributions.

3. Does the taxable portion of this distribution qualify as an "eligible rollover distribution" under Section 402(c) of the Internal Revenue Code of 1986, as amended?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Section III**

**Plan Sponsor:** Please sign this form in the space provided below to certify that the information contained within this form is accurate and that the \_\_\_\_\_ is a tax-qualified plan at the time of distribution.

Name of Former Plan Sponsor: \_\_\_\_\_

Signature of Former Employer Plan Sponsor Representative: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**Note to Plan Sponsor:** Please return this form to the former participant at the address given above.

- **Make sure the check is made payable to, or endorsed to:**

T. Rowe Price Trust Company  
Trustee for the County of San Diego  
For the benefit of (FBO): your name, your Social Security number.

- **Mail to:**

T. Rowe Price Retirement Plan Services  
Special Attn.: Forms Enclosed  
P.O. Box 17215  
Baltimore, Maryland 21297-1215

---

**For Internal Use Only**

250938 \_\_\_\_\_  
Plan Number



\*RBAR55250938\*